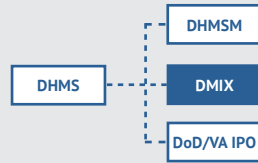


Defense Medical Information Exchange Program Office



DHMS
PROGRAM EXECUTIVE OFFICE
DEFENSE HEALTHCARE
MANAGEMENT SYSTEMS



The mission of the Defense Medical Information Exchange (DMIX) is to provide technical solutions for seamless data sharing and interoperable electronic health records (EHRs) that will evolve with national standards.

INTEROPERABILITY

Is the ability of two or more systems or components to exchange information and to use the information that has been exchanged.

HOW MUCH DATA IS BEING SHARED

1.5M+

Data elements are exchanged daily between DoD and VA based on 60,000 requests

6.5M

Shared records accessible to DoD/VA

U.S. Department of Defense/U.S. Department of Veterans Affairs Data Sharing Progress Quarterly Report, Third Quarter, Fiscal Year 2014

LEADERSHIP

Mr. Craig Schaefer
Program Manager

Ms. Aimee Scanlon
Deputy Program Manager

Defense Healthcare Management Systems
Defense Medical Information Exchange
1501 Wilson Blvd., Suite 700
Arlington, VA 22209
T: 703-588-5771

As of July 25, 2014

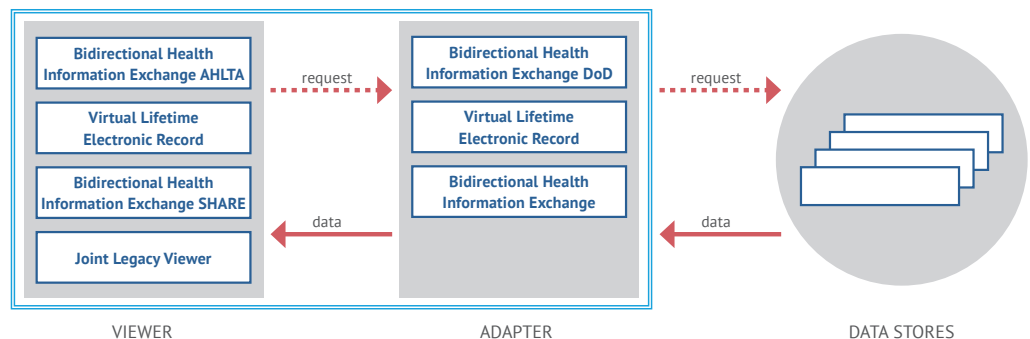
RECENT ACCOMPLISHMENTS

- Continued providing easy access for patients to download their medical records via Blue Button/TRICARE Online upgrade
- Synchronized the matching of patient data between DoD and the private sector without the use of Social Security Numbers
- Limited fielding of Joint Legacy Viewer (JLV) that displays an integrated view of patient data using Office of the National Coordinator for Health Information Technology (ONC) standards for an initial set of data

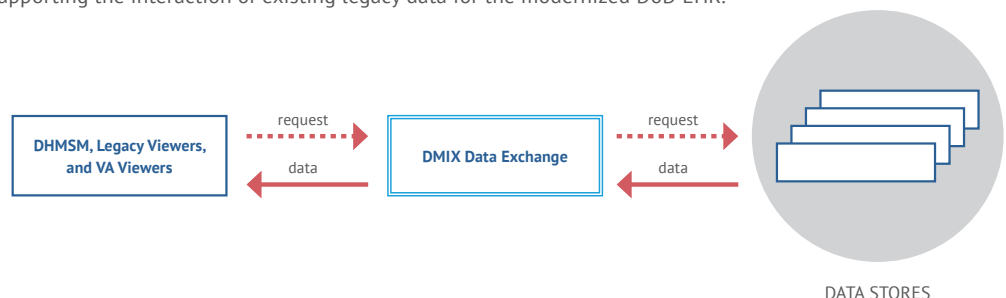
DATA SHARING STRATEGY

While DoD implements the new health information exchange via the EHR modernization program (DHMSM), the DMIX program will provide technical solutions allowing DoD to increase the level of data shared with VA and private sector. These enhancements will stabilize existing data sharing capabilities and address congressional directives. The second phase of work will enable the modernized EHR to access legacy data, supporting better access to safer, higher-quality care for beneficiaries and providers.

In the near term, DMIX's consolidation of multiple technical solutions will simplify and stabilize the interoperability tools used by clinicians (the end users).



In the long term, existing data viewers and adaptors will be consolidated into a DMIX data exchange supporting the interaction of existing legacy data for the modernized DoD EHR.





DATA SHARING PROGRAMS

The DoD and VA have several systems for sharing patients' clinical data and promoting quality care. The Departments are continuing to enhance these capabilities to meet the evolving needs of the military community.

Bidirectional Health Information Exchange (BHIE)

Date started: 2004

Purpose: Real-time read-only viewing of DoD and VA patient clinical data

Examples: Consultations, patient history and physical reports, theater clinical data

Impact: Shared data of 5.1M patients



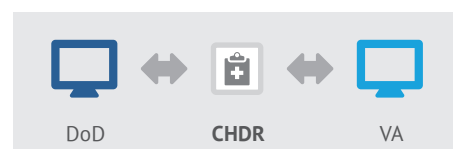
Clinical Data Repository/Health Data Repository Exchange (CHDR)

Date started: 2003

Purpose: Two-way exchange between DoD and VA of actionable outpatient pharmacy medication, allergy, and allergy reaction data for beneficiaries that use both DoD and VA health facilities, allowing the information to become part of the patients' permanent medical records

Examples: Outpatient Pharmacy, Allergy, and Allergy Reaction

Impact: Over 2.1M beneficiaries served



Federal Health Information Exchange (FHIE)

Date started: 2002

Purpose: Monthly transfer of discharged Service members' clinical data from DoD to VA

Examples: Pharmacy, radiology, lab results

Impact: 6.1M Service members' clinical data transferred to date



Joint Legacy Viewer (JLV)

Date started: 2013

Purpose: Easy access to integrated view of patient information, including information required for most clinical decisions

Examples: Medications, progress and discharge notes

Impact: Deployed to 10 sites; additional data domains to be added by end of FY14



Virtual Lifetime Electronic Record (VLER)

Date started: 2009

Purpose: Allows public sector (e.g. VA, Social Security Administration) and private sector health care providers secure access to a patient's health record. Enhances data sharing to create more interoperability inside and outside of DoD and VA.

Examples: Continuity of Care Documents

Impact: Continuously adding patients to the health exchange (i.e. added 3 new health partners in FY14, resulting in the addition of 77,000 new Veterans to the system)

